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Award Number: W81XWH-04-1-0117

TITLE: The Meaning of Incontinence and Impotence for Low Income
African American and Latino Men with Prostate Cancer

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REPORT DATE: December 2004

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
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20050407 141

REPORT DOCUMENTATION PAGEForm Approved
OMB No. 074-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503

1. AGENCY USE ONLY
(Leave blank)**2. REPORT DATE**
December 2004**3. REPORT TYPE AND DATES COVERED**
Annual (1 Dec 2003 - 30 Nov 2004)**4. TITLE AND SUBTITLE**The Meaning of Incontinence and Impotence for Low Income
African American and Latino Men with Prostate Cancer**5. FUNDING NUMBERS**

W81XWH-04-1-0117

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REPORT NUMBER****9. SPONSORING / MONITORING
AGENCY NAME(S) AND ADDRESS(ES)**U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012**10. SPONSORING / MONITORING
AGENCY REPORT NUMBER****11. SUPPLEMENTARY NOTES****12a. DISTRIBUTION / AVAILABILITY STATEMENT**

Approved for Public Release; Distribution Unlimited

12b. DISTRIBUTION CODE**13. ABSTRACT (Maximum 200 Words)**

Two common side effects of prostate cancer treatments are incontinence and impotence, both of which can affect the quality of a man's life. Hence, it is important to discuss these possible side effects when men are making treatment decisions and to help them cope with the symptoms if they occur. This study will describe the meaning of treatment-related incontinence and impotence for low-income African American and Latino men. Participants will be interviewed in-person and by telephone. To date, 84 men have agreed to be contacted about participating in the study and 55 men have agreed to participate. Seven men have refused to participate in the study because they were not affected by incontinence or impotence following their prostate cancer treatment. Three interviewers have been hired. All interviewers have received training on the study and interviewing techniques as well as completing IRB and HIPAA training. 53 interviews have been completed. The majority of the interviews are taking place in the participants' homes rather than at UCLA. This gives men a sense of security when discussing these topics. Interview locations are left to the discretion of the participants. No data analysis has occurred. No changes have occurred in the approved protocol.

14. SUBJECT TERMS

No subject terms provided.

15. NUMBER OF PAGES

6

16. PRICE CODE**17. SECURITY CLASSIFICATION
OF REPORT**

Unclassified

**18. SECURITY CLASSIFICATION
OF THIS PAGE**

Unclassified

**19. SECURITY CLASSIFICATION
OF ABSTRACT**

Unclassified

20. LIMITATION OF ABSTRACT

Unlimited

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INTRODUCTION:

The purpose of this project is to describe the meaning of prostate cancer treatment-related incontinence and impotence for low income African American and Latino men. We are conducting personal interviews with low income African American and Latino men recruited from a California program providing free prostate cancer treatment to uninsured and underinsured men whose incomes are below 200% of the Federal poverty level. Interviewers are male, and ethnicity- and language-matched. Each interview is audiotaped and transcribed verbatim. Spanish transcripts are being translated and verified to produce English transcripts. We are beginning initial qualitative analysis as transcripts are completed and verified.

BODY:

- Task 1. To elicit African American and Latino men's perspectives on prostate cancer treatment- related incontinence and impotence. (Months 1-19)
- a. Identify and recruit potential participants (Months 1-15)
STATUS: Ongoing. We are ahead of our recruitment goals for Latino men and below for African American men. IMPACT had to suspend enrollment of new patients for 7 months due to California's fiscal crisis and recruitment for this study was suspended for 2 months pending resolution of IRB issues.
 - b. Conduct initial interviews (Months 2-16)
STATUS: 53 initial interviews have been completed. All men will be contacted and reconsented before a follow-up interview is conducted.
 - c. Conduct second interviews (Months 5-19)
STATUS: No second interviews have been completed.

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Task 2. To identify themes emerging from the interview data (Months 2-31)
Initial analysis has been started to identify themes in completed transcripts. Interview guides for 4 follow-up interviews have been developed.

- a. Verbatim transcription of interview tapes (Months 2-24)
STATUS: Ongoing
- b. Translate Spanish transcripts (Months 2-26)
STATUS: Ongoing
- c. Prepare transcripts for N Vivo entry (Months 3-28)
STATUS: Ongoing
- d. Enter data into N Vivo (Months 3-28)
STATUS: Ongoing
- e. Line-by-line coding of data and constant comparative technique (Months 3-28)
STATUS: Initial coding started
- f. Identify themes related to beliefs about urinary, sexual, and bowel function, and masculinity (Months 4-30)
STATUS: Initial themes being identified
- g. Verify themes with participants (Months 5-31)
STATUS: Will occur in follow-up interviews

Task 3. To describe concepts of meaning and their underlying structure (Months 20-36)

- a. Cluster themes into conceptual categories (Months 20-34)
- b. Compare categories across interview transcripts (Months 20-34)
- c. Identify clusters related to incontinence and impotence (Months 20-34)
- d. Develop narratives describing the meanings of incontinence and impotence as it has emerged from the data along with the underlying cultural beliefs (Months 30-36)

KEY RESEARCH ACCOMPLISHMENTS:

We have successfully recruited and interviewed 47 Latino men and 6 African American men among a population that has been historically difficult to recruit. Only 7 men have declined to participate when approached. Men have expressed appreciation to the interviewers at having the opportunity to discuss their concerns about erectile dysfunction and incontinence, many for the first time.

REPORTABLE OUTCOMES:

None at this time. Research is ongoing.

CONCLUSIONS:

None at this time. Research is ongoing.